

# Leading Lives Limited

# Cathedral View

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Cathedral View is a care home that provides respite and short break stays for up to eight people who have a learning disability. At the time of our inspection two people were staying at the service. The ground floor single storey service is divided into two separate spaces, each that accommodates up to four people

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People told us they felt safe whilst staying at the service. People were protected from the risks of harm, abuse and discrimination. Staff knew what their responsibilities were in relation to keeping people safe. We observed people to be relaxed around staff.

Staff were recruited following safe processes and received appropriate support and an induction into the service. Staff also received supervisions and attended regular team meetings.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported to maintain a healthy diet and had access to healthcare professionals should they need them.

There were quality assurance systems in place to monitor the running of the service and the quality of the service being delivered.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was Good (published 24 October 2018). At this inspection we found the provider had sustained this rating.

Why we inspected: This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cathedral View on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Cathedral View

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector

#### Service and service type

Cathedral View is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is a respite service and people are often out. We wanted to be sure there would be people at the service to speak with us.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who were using the service and staying there for respite care. We spoke with two members of staff during our visit and also spoke with the registered manager and operations manager.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. We also viewed a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted further staff to seek their feedback, with three replying to share their feedback. We looked at training data and quality assurance records. We contacted ten relatives of other people who use the service and professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People staying at the service told us they were happy and felt safe. People's relatives told us they felt their family member was safe during their stay at Cathedral View. One relative said, "Cathedral View is our heaven, it's perfect our [family member] who cannot speak shows us with their wide eyes and smile and a happy sound which indicates to us that they are happy there."
- Staff understood how to identify and report concerns relating to harm and abuse. Information with contact details for outside agencies who may need to be informed were displayed in the service and staff knew where to find the information.

Assessing risk, safety monitoring and management

- Where risks were identified there were plans in place to guide staff how to manage these.
- People's records had information about how to reduce causes of behaviour that may distress them or put others at risk.
- There were protocols in place for staff to know how to support people in an emergency. For example, people had personal emergency evacuation plans (PEEPs) in place which ensured appropriate guidance was in place in the event of a fire.

Staffing and recruitment

- There were enough staff to keep people safe and to meet their care needs.
- Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.
- Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.

Using medicines safely

- There were safe systems for the receipt, storage, administration and disposal of medicines.
- As a respite service, the range of medicines staff were supporting people with were varied as people came and left for their stay. There were very few medicines on site at the time of our visit.
- Staff responsible for the administration of medicines had completed training and had their competencies checked.
- People had personalised medicines care plans. Medicines administration records on site showed that people received their medicines as prescribed.

### Preventing and controlling infection

- People were protected from the risk of infections. Domestic staff were employed and the service was clean.
- Staff received infection control training. Disposable personal protective clothing including gloves were available. We saw these used by staff when needed.

### Learning lessons when things go wrong

- Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences. We saw documentation to support this and saw where action had been taken to minimise the risk of future accidents.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were completed and people's goals or expected outcomes were identified. People's care needs were assessed and their choices about how they wanted to receive their care identified. The assessments were used to develop a personalised plan of care and support.

Communication was effective between people's relatives and the service to ensure the persons' support plan and the staff were kept up to date with the person's support needs.

- People's preferences, likes and dislikes were acknowledged and recorded as part of their support planning. For example, one person's support plan detailed the preferences about who they liked to sit next to during the day.

Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and experience to support people effectively.
- A programme of training and support was provided to all staff. Records were maintained to monitor training had been completed and this was up to date. A member of staff told us, "[Provider] was very supportive when I asked for some training, even though the training wasn't due, as I wanted to attend a refresher." Another staff member said, "We have comprehensive training which is always available to us."
- New staff received a full induction which included training, shadowing senior staff and getting to know people before they supported them alone.

Supporting people to eat and drink enough to maintain a balanced diet

- People chose what they would like to eat and staff supported them with the preparation. Staff supported people to eat their meals when required and followed guidance in people's care plans.
- People who were able to make meals, snacks and drinks themselves were supported by staff to do this safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health care services when this was required or when their health needs changed during their stay at Cathedral View.
- Any health care intervention and support received by people before or during their stay at Cathedral View was clearly documented in their care records which kept staff updated.

Adapting service, design, decoration to meet people's needs

- Despite being a respite service and therefore used by multiple people for planned periods of time, staff

had made efforts to ensure the service was homely.

- A number of small canvas pictures had been purchased, each depicting different themes and styles, so people could choose which they wished to have in their bedroom during their stay.
- The building was suitably built and designed to meet the needs of a variety of people who stayed there including wheelchair users.
- A number of bedrooms had accessible bathing facilities including hoists and other mobility equipment to meet any identified needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met

- DoLS applications had been made appropriately. A system was in place to monitor the receipt of any authorisations.
- Staff obtained consent for people's care and support. Staff understood the principles of the MCA and people were supported wherever possible to make their own decisions.
- Wherever possible people had signed their own support plans to consent to their care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People who we met during our visit to the service told us they were happy with the care and support they received from staff. One person said, "The staff are lovely, they are nice."
- People's relatives were complimentary about the care their family member received. One relative told us, "We feel completely satisfied with everything, it's peace of mind for parents and loved ones to know that everyone does a fantastic job and our [family member] is very happy to stay." Another relative commented, "I can only reply with positive feedback regarding Cathedral View. Over all the years [family member] has been using the respite care service we have never had cause for concern regarding [person's] care."
- We observed staff chatting with people about their families and interests in a friendly manner.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views. They and their relatives were involved in making decisions about their care and support wherever possible.
- People had their care and support reviewed on a regular basis. People and their relatives, where appropriate, were encouraged to be involved and contribute in the reviews of their care.

Respecting and promoting people's privacy, dignity and independence

- Records regarding people's care and treatment were stored securely. This respected people's right to confidentiality.
- People's privacy was respected. Each person had a bedroom which they could lock if they chose to.
- People had the opportunity to develop and maintain their independence during their stay at the service. They were involved in deciding what activities they wanted to take part in.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service was mostly responsive to people's individual beliefs, preferences and needs. One person's relative told us, "Staff know [family member's] 'foibles' as well as their needs and look after [person] accordingly. [Family member's] personal preferences are always observed and never commented on or complained about." Another person's relative commented, "They listen as we [provide information] and listen to any updates on [family member's] preferences and well-being."
- Some people's relatives told us they felt their family member would benefit from increased person centred care. One relative said, "[Family member] usually does have their care the way they like although [a preference we asked for] seems to have been forgotten hasn't happened since." Another relative commented, "A more structured/planned time would certainly benefit my [family member's] stay. It can be a bit boring at times."
- We saw that as a result of an 'inhouse' survey undertaken with people and their relatives, the registered manager had identified that people wanted more access to outings and experiences during their respite stay at Cathedral View. As a result, a whole team plan had been implemented with a target of increased opportunities and activities by December 2019.
- During our visit people told us about some of the activities they took part in both within the service and in the wider community. Photographs of people enjoying day trips and other activities were available.
- People had personalised care plans which contained details of their preferences. For example, one person's support plan documented their social, cultural, and personal relationships to enable staff to support them in this area.
- Individual information was included in people's care plan folders for staff to reference, this included their hobbies and interests and important routines.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans clearly described the support people needed to communicate effectively and what staff needed to do to communicate effectively with them. This considered alternative forms of non-verbal communication such as sign language.
- Information for people was also presented in an easy read format to help people with their understanding of the document.

#### Improving care quality in response to complaints or concerns

- The provider's complaints procedure was accessible to people using and visiting the service. There was a pictorial version of the complaints procedure available which helped to make it more accessible to people who were unable to read it in written text alone.
- A person using the service had been supported by staff to make a complaint after they raised a concern. Staff told us how they supported the person, to raise their complaint more formally.
- Relatives knew how to make complaint should they have needed to. One relative told us, "Staff are approachable and respectful. I haven't had to make a complaint." Another relative commented, "I have never had to make a complaint. I am confident that [family member] is in safe hands during the stay."
- Complaints received were not always clearly recorded to ensure that there was effective learning from them and resolution applied. We spoke to the registered manager about the need for improved oversight of complaints who agreed to put this in place.

#### End of life care and support

- At the time of our inspection, no one at the service was in receipt of end of life care. Staff understood how to liaise with relevant professionals should the need arise.
- The registered manager told us that staff had received training around how to support people and provide care at their end of their lives.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives offered positive feedback about the registered manager and staff and told us the service was well led. One relative said, "We feel completely satisfied with everything, it's peace of mind to parents and loved ones to know that everyone does a fantastic job and our [family member] is very happy to stay." Another relative commented, "[Family member] always comes home happy, we can't thank Cathedral View enough." A third relative told us, "The team are excellent. They always greet and acknowledge our [family member] and us also."
- Staff were generally happy in their role and well supported and motivated. Some staff told us about the challenges of the role with the balance between administration work and care. However, overall staff were all positive about working at the service. One staff said, "Working at Cathedral View is challenging and stressful at times but very rewarding. I love working at Cathedral View."
- The service supported people living with a learning disability. Care and support provided was in line with the values that underpin 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had shared information with the CQC as required.
- The management team were open and transparent when dealing with issues and concerns. They understood their responsibility to apologise and give feedback if things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager, senior staff and care staff were clear about their roles and responsibilities. The team manager lead supported the registered manager in the running of the service and was the day to day contact for people, relatives and staff.

A range of audits were completed including a quality assurance peer review which was carried out by the manager of another of the providers services. Following on from the audits action plans were put in place where needed.

- The registered manager understood their duty to report any issues that affected the service, for example safeguarding concerns or serious accidents and incidents.
- The registered manager ensured that staff were well trained and were aware of their roles and

responsibilities.

- Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). The notifications we received from the provider enabled us to understand events and actions taken following an event or incident within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff and the registered manager involved people's relatives in discussions about their care. Relatives told us they were able to speak with the management team at any time.
- People and their relatives had the opportunity to give feedback on the service. Feedback was mostly positive and where suggestions for changes were made an action plan had been put in place. Comments from relatives included, 'I don't think there is anything that which can be done to make it better' and 'we have always found staff friendly and helpful'.
- Staff told us the registered manager and wider management team were approachable.
- Staff team meetings were held frequently. Minutes showed a wide variety of topics were discussed such as changes in people's needs or care, best practice and other important information related to the service.

Continuous learning and improving care

- Systems were in place to ensure the service was monitored and the quality of care people received was maintained.

Working in partnership with others

- Staff and the management team understood the importance of partnership working to support good outcomes for people.
- The service worked in partnership with health and social care professionals who were involved in people`s care. These relationships were reflected in people's support plans which contained guidance to work with people to ensure they were receiving the care they needed.